

State MINNESOTA
Effective: July 1, 1986

SUPPLEMENT 1
Attachment 3.1-A

SUPPLEMENTARY NOTES

A. PRIOR AUTHORIZATION

Prior authorization is used only to assure:

1. The health service is medically necessary as determined by prevailing medical community standards or customary practice and usage.
2. The health service is appropriate and effective to the medical needs of the recipient.
3. The health service is timely, considering the nature and present state of the recipient's medical condition.
4. The health service is furnished by a provider with appropriate credentials.
5. The health service is the least expensive appropriate alternative health service available.
6. The health service represents an effective and appropriate use of program funds.

Prior authorization is not used to restrict an eligible recipient's free choice of qualified medical provider.

ORIGINAL

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: MINNESOTA

CASE MANAGEMENT SERVICES

A. Target Group (section 1915(g) of the Act):

Case management services are available for individuals who have been determined to have serious and persistent mental illness or ~~serious~~ severe emotional disturbance.

Serious and persistent mental illness is defined as the condition of a person who has a mental illness and meets at least one of the criteria in items 1 to 5:

1. The person has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months; or
2. The person has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding 12 months; or
3. The person has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder, indicates a significant impairment in functioning, and has a written opinion from a mental health professional (~~see definition at end of~~ defined in item A 6.d.A. of this attachment), in the last three years, stating that the person is reasonably likely to have future episodes requiring inpatient or residential treatment of a frequency described in items 1 and 2, unless ongoing case management or community support services are provided; or
4. In the last three years, the person has been committed by a court as a mentally ill person under Minnesota Statutes, chapter 253B or the person's commitment has been stayed or continued for reasons related to the person's mental illness; or
5. The person: (a) was eligible under items 1 to 4, but the specified time period has expired or the person was eligible as a child with severe emotional disturbance under Minnesota Statutes, §245.4871, subdivision 6; and

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A. Target group (section 1915(g) of the Act): (continued)

(b) has a written opinion from a mental health professional, in the last three years, stating that the person is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in item 1 or 2, unless ongoing case management or community support services are provided.

~~Serious~~ Severe emotional disturbance is defined as a child under age 18 who has an emotional disturbance and who meets one of the following criteria:

1. The child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance; or
2. The child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact; or
3. The child has one of the following as determined by a mental health professional (defined in item 6.d.A. of this attachment):
 - (i) psychosis or a clinical depression; or
 - (ii) a risk of harming self or others as a result of an emotional disturbance; or
 - (iii) psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or
4. The child, as a result of an emotional disturbance, has significantly impaired home, school, or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

B. Areas of the State in which services will be provided:

X Entire state.

— Only in the following geographic areas (authority §1915(g)(1) of the Act is invoked to provide services less than statewide): N/A

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C. Comparability of Services:

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
- X Services are not comparable in amount, duration, and scope. Authority of §1915(g)(1) of the Act is invoked to provide services without regard to the requirements of §1902(a)(10)(B) of the Act.

D. Definition of Services:

Case management services are activities which are coordinated on an individual client basis and are designed to help persons with serious and persistent mental illness or severe emotional disturbance in gaining access to needed medical, social, educational, financial, or other services necessary to meet the client's needs.

Case Management services include:

1. Completion and regular review of a written functional assessment.
2. The development and regular review of a written individual community support plan for the client based on both a functional and a diagnostic assessment of the client and incorporating the client's individual treatment plans.
3. ~~Referral of~~ Assisting the client to access appropriate mental health or other service providers, consistent with §1902(a)(23) of the Act.
4. Coordination of the provision of services consistent with §1902(a)(23) of the Act.
5. Monitoring the client's progress and the effectiveness of the individual community support plan.
6. Monitoring the discharge planning process for a client being discharged from a residential treatment facility, regional treatment center, or inpatient hospital.

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D. Definition of Services: (continued)

The monthly payment is limited to the following components of case management services:

1. At a minimum, in order to recover payment:
 - A. for an adult, the case management service provider must document at least a:
 - (1) face-to-face contact between with the case manager and the client, or the client's service providers, client's family, primary caregiver, legal representative, or other interested person
 - (2) telephone contact with the client or the client's legal representative and document a face-to-face contact with the client or the client's legal representative within the preceding two months.
 - B. for a child, the case management service provider must document at least a face-to-face contact with the client and the client's parents or legal representative.
2. ~~Telephone contact between the case manager and the client, client's service providers, client's family, primary caregiver, legal representative, or other interested person.~~
3. Contacts between the case manager or case manager associate and the case manager's their clinical supervisor concerning the client.
4. ~~3.~~ Development, review and revision of the client's individual community support plan and functional assessment.
5. ~~4.~~ Time spent by the case manager or case manager associate traveling to meet face-to-face with a client who resides outside of the county of financial responsibility, or to meet face-to-face with the client's family, legal representative, or primary caregiver.

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D. Definition of Services: (continued)

- ~~6-5.~~ Time spent by the case manager or case manager associate traveling within the county of financial responsibility to meet face-to-face with the client or the client's family, legal representative, or primary caregiver.

The above components of case management services must fall within the following parameters to be eligible for medical assistance payment:

1. ~~Payment for case management services is limited to no more than ten hours per client per month excluding time required for out-of-county travel. The payment may be for any combination of the service components specified above except that payment for telephone contact is limited to no more than three hours per client per month. A functional assessment by a case manager is eligible for payment if the assessment does not duplicate a similar assessment of the client by the Minnesota Department of Economic Security. A diagnostic assessment is not eligible for payment as a case management service. The ten hours per month per client payment limitation may be exceeded for a child with prior authorization.~~
2. For persons clients in hospitals, NFS, or ICFs/MR, payment for case management services is limited to the last 30 days before discharge in an effort to establish continuity of care and community-based services recommended by the discharge planning team. This 30-day coverage will be available to a recipient up to may not exceed more than two times per months in a calendar year.

Case management services will not duplicate those provided as part of the institution's discharge plan.

- ~~3-2.~~ A client's continued eligibility for case management services must be determined every 36 months by the local agency. The determination of whether the client continues to have a diagnosis of serious and persistent mental illness or severe emotional disturbance must be based on updating the client's diagnostic assessment or on the results of conducting a complete diagnostic assessment because the client's mental health status or

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D. Definition of Services: (continued)

behavior has changed markedly.

- ~~4. When traveling with a client, a case manager may not bill concurrently for both a face-to-face session with a client and travel time.~~
- ~~5. Payment for case management services to a client is limited to the services of one case manager per unit of time per client.~~
- ~~6. Time spent by the case manager in charting and record keeping is not eligible for separate medical assistance payment as a case management service.~~
- ~~7. Time spent in court by the case manager during which time the case manager does not provide a case management service that would otherwise be eligible for medical assistance payment is not a covered service.~~
- ~~8. Time spent in communication with other case manager who are members of the client's case management team is not a covered service unless the client is a face-to-face participant in the communication.~~

The following services are not eligible for payment as case management services:

1. Diagnostic assessment.
2. Administration and management of a client's medications.
3. Legal services, including legal advocacy, for the client.
4. Information and referral services that are part of a county's community social service plan.
5. Outreach services including outreach services provided through the community support services program.

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D. Definition of services: (continued)

6. Services that are not documented as required under Minnesota Rules, part 9520.0920, subpart 1.
7. Services that are otherwise eligible for payment on a separate schedule under Minnesota Rules, parts 9505.0170 to 9505.0475 or other rules of the Department.
8. Therapy or treatment services.

E. Qualifications of Providers:

A **case management service provider** must be:

1. A local agency, defined as a county or multi-county agency that is authorized under state law as the agency responsible for determining eligibility for the Medical Assistance Program. As the local mental health authority, the local agency is responsible for assuring that persons have access to mental health and other services, consistent with §1902(a)(23) of the Act;
2. An entity under contract with the local agency to provide case management services; or
3. An entity meeting program standards set out in rules governing family community support services for children with severe emotional disturbance (when these standards meet the program standards in Minnesota Rules, parts 9520.0900 to 9520.0926 [governing case management for children with severe emotional disturbance] and 9505.0322, excluding ~~subpart~~ subparts 6 [mental health case management services] ~~and 10~~ [limitations on payment]).

1. **Case managers.** The following are considered case managers.

- ~~1.~~ A. Mental health professionals as defined in item 6.d.A. of this attachment. Case management supervisors must also meet the criteria for mental health professionals.

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E. Qualifications of Providers: (continued)

~~2.~~ B. Individuals who:

- ~~A.~~(1) are skilled in the process of identifying and assessing a wide range of client needs;
- ~~B.~~(2) are knowledgeable about local community resources and how to use those resources for the benefit of the client;
- ~~C.~~(3) hold a bachelor's degree in one of the behavioral sciences or related fields including, but not limited to, social work, psychology, or nursing from an accredited college or university; and
- ~~D.~~(4) have at least 2,000 hours of supervised experience in the delivery of services to persons with mental illness and/or severe emotional disturbance; and
- ~~E.~~ meet in person with a mental health professional at least once each month to obtain clinical supervision.

If providing case management services to a client with serious and persistent mental illness, supervision for a case manager during the first year of service is one hour per week of clinical supervision from a case management supervisor. Thereafter (and for all providers if providing case management services for children with severe emotional disturbance), the case manager must receive regular ongoing supervision totaling 38 hours per year, of which at least one hour per month must be clinical supervision regarding individual service delivery with a case management supervisor. The remainder may be provided by a case manager with two years of experience. Group supervision may not constitute more than one-half of the required supervision hours.

Case managers without Individuals who meet the qualifications in item 1, subitem B but who do not have at least 2,000 hours of supervised experience in the delivery of mental health services to adults with mental illness must complete 40 hours

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E. Qualifications of Providers: (continued)

of training approved by the Department of Human Services in case management skills and in the characteristics and needs of persons adults with serious and persistent mental illness. ~~The individual also must receive clinical supervision from a mental health professional at least once a week, including a face-to-face meeting at least once a week, until the requirement of 2,000 hours of supervised experience is met.~~

Case managers without Individuals who meet the qualifications in item 1, subitem B but who do not have at least 2,000 hours of supervised experience in the delivery of mental health services to children with severe emotional disturbance must begin 40 hours of training approved by the Department of Human Services in case management skills and in the characteristics and needs of children with severe emotional disturbance. The individual also must receive clinical supervision from a mental health professional at least once a one hour each week, including a face-to-face meeting at least once a week, until the requirement of 2,000 hours of supervised experience is met.

A case manager with a bachelor's degree who is not licensed, registered, or certified by a health-related licensing board must receive 30 hours of continuing education and training in mental illness, severe emotional disturbance and mental health services annually.

- 3- ~~The Department of Human Services recognizes an individual without a bachelor's degree, but with at least 6,000 hours of supervised experience in the delivery of mental health services. The case manager must:~~

A. ~~have completed 40 hours of training approved by the Department of Human Services in case management skills and in the characteristics and needs of persons with mental illness and severe emotional disturbance; and~~